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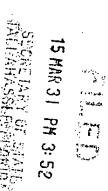
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

10.	Division of Corporations
SUBJE	Name of Limited Liability Company
	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please 1	return all correspondence concerning this matter to the following:
	Alvin Wong Name of Person
	M Media Partnes, LLC Firm/Company
	1091 13th St. Worth
	Jacksonville Beach, FL 32250 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Contact Person at (619) 402-0208 Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount: Status

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: M Media Partners LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Oelaware
(Jurisdiction under the law of which foreign limited liability ompany is organized) (Date first transacted business in Florida, if prior to registration.) es sections 605.0904 & 605.0905, F.S. to determine penalty liability) വ 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Alvin Young 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document/constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited	i Liability Compa	ny is:			
M Me	'dia Pa	HAPTS, LL			_
If unavailable, the alternate		·			
2. The name and the Florid	la street address o	f the registered agent	and office are:		
1	Alvin y	one			
		(Name)	.1		
	1091 13	th st. No	inth	- 55 5	
	Florida Street Addr	ess (P.O. Box NOT ACCE	PTABLE)		٠.,٠
	ecksonuill	e Beach City/State/Zip	37750	31 P	Promis Junitera P
		City/State/Zip		三年 3	يا مادون
•				27.75 en	المرام
Having been named as regis	itered agent and to	accept service of pro	cess for the above :	stated limite	d
liability company at the place registered agent and agree					all
statutes relating to the prop					<i>111</i>
accept the obligations of my Statutes.	position as regist	ered agent as provided	d for in Chapter 60	5, Florida	
/	WIN				
	(Signat	ure)			
	\$ 100.00	Filing Fee for Appli	cation		
	\$ 25.00	Designation of Regi			
	\$ 30.00	Certified Copy (opt	ional)		

\$ 5.00 Certificate of Status (optional)



PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "M MEDIA PARTNERS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF FEBRUARY, A.D. 2015.

15 MAR 31 PM 3: 52

5568570 8300

150240744

AUTHENTICATION: 2142305

DATE: 02-23-15

You may verify this certificate online at corp.delaware.gov/authver.shtml